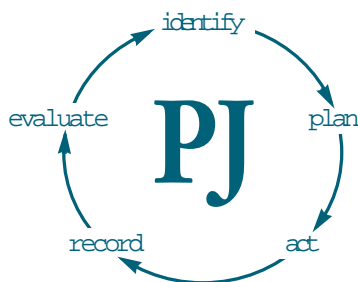


VITILIGO : (2) SUN PROTECTION AND SKIN CAMOUFLAGE

By Marion Lesage, MA, and Nerys Roberts, MD, FRCP

The first part of this article, published last week, looked at the causes of and treatments for vitiligo.

This second part is concerned with what advice pharmacists can give to patients with vitiligo regarding sun protection and skin camouflage



identify gaps in your knowledge

1. How does the British National Formulary classify products available on prescription to people with vitiligo?
2. Which organisation provides free camouflage consultations to people with vitiligo?
3. What alternatives are there to skin camouflage products?

This article relates to the Royal Pharmaceutical Society's core competencies of "common disease states" and "appropriate advice, referral or selection of treatment" (see "Medicines, ethics and practice — a guide for pharmacists", number 26, July 2002, pp105–6). You should consider how it will be of value to your practice.

Most people with vitiligo are self-conscious about their appearance, particularly if the white patches appear on their face, neck or hands, and this may make them hesitant to seek help. There are two specific areas in which the pharmacist can provide information: the correct use of sunscreens and the use of skin camouflage products.

SUNSCREENS

Sunscreens absorb or reflect ultraviolet radiation before it reaches the skin. However, many sunscreens offer better protection against UVB (short wavelength UV radiation) than UVA (longer wavelength). Because vitiliginous skin is particularly susceptible to sunburn, there are a number of sunscreens available on the National Health Service, but many people with vitiligo do not know this. These products appear in appendix 7 of the British National Formulary (borderline substances) and it is in the patient's interest to be informed that sunscreens should be used and can be obtained on prescription.

If a sunscreen has been prescribed, it is helpful to check that the patient has been told how, and how often, to apply it. Sunscreens should be applied liberally and for good protection, they should be reapplied approximately every hour if the person is outside on a sunny day. However, this may be a problem if the wearer also uses skin camouflage products.

It is also useful to check that the patient is happy with the sunscreen selected by the general practitioner — no sunscreen is beneficial to a patient if it is not used. For children of school age, roll-on sunscreens are particularly useful because they can be self-applied with little spillage or embarrassment. Indeed, they may well be viewed as a "cool" item to have in one's school bag. Many GPs and patients will not be aware that tinted sunscreens are also available on prescription. These will provide both colour and sun protection for the depigmented patches and are particularly helpful for children, or for anyone who wants to disguise the patches but would not feel comfortable using skin camouflage.

Should a person with vitiligo request assistance in choosing from the vast range of non-prescribable sunscreens available, they should be advised to use one containing both UVA and UVB protection. In the case of all people with vitiligo, whatever their ethnic

origin, their vitiliginous skin should be treated as type 1 skin (always burns, never tans), which is typical of people with fair skin, light eyes and freckles. They therefore require a sun protection factor of 25 or above. Considerations when recommending products include ease of application, staying power, absorption and stickiness.

Should a patient report that he or she always burns, no matter which sunscreen is used, the pharmacist should find out how the product is being applied. It is also important to ask if the patient is taking drugs for any other condition in order to rule out any drug-induced photosensitivity. Enquiries about any "health" products being taken are also useful because a number of herbs can cause photosensitivity. For example, many people do not realise that for people with vitiligo, herbal products such as St John's wort can do more harm than good.

Some patients ask if sun protection should be worn under or over make-up. The answer is that sunscreen should be applied first. This will mean that the sunscreen cannot be renewed until the make-up is removed, but make-up also provides a little additional sun protection.

SKIN CAMOUFLAGE

Other borderline substances which can be of great benefit to people with vitiligo, particularly to someone who has patches on his or her face, are camouflage creams. There are five brands currently available on NHS prescription: Covermark, Dermablend, Dermacolor, Keromask and Veil Cover. Some makes will suit certain skin types more than others. Camouflage creams are more opaque than normal cosmetics, allowing them to cover patches well. With the cream, a "fixing", "setting" or "finishing" powder has to be used.

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The use of camouflage products can restore self-confidence in people with vitiligo, but the problem with using them is finding the right colour for the patient's skin. If a patient presents with a prescription for a camouflage product it is worth checking that he or she has used the product before. If not, they should be asked if a colour match has been done. If the answer to either of these questions is no, then the client should be advised that it would be preferable to delay dispensing the prescription until it is possible to ascertain that the most suitable product has been chosen.

The British Red Cross provides a free skin camouflage service for people with any type of skin disfigurement. All the patient has to do is to make contact with regional headquarters of the Red Cross and ask for the skin camouflage organiser or, if this proves difficult, to contact the Vitiligo Society, which holds lists of regional organisers together with their telephone numbers. It will then be possible to arrange an appointment with an adviser. The adviser will not only exactly match the client's skin with a product but he or she will also demonstrate how the product should be used (see Panel 1). The five prescribable brands of camouflage creams give a range of over 150 colours. However, in some cases, creams need mixing to achieve a particular shade. Also, skin colour on different areas of the body can differ and, accordingly, patches of vitiligo may need different shades. After the consultation, the skin camouflage adviser will pass the relevant information to the GP so that the correct products can be prescribed. The camouflage should be applied on top of sun protection and it provides a significant degree of additional protection as well. Some products contain lanolin, but there are few reports of allergic reactions.

Should a client prefer to seek a private consultation, there are a variety of organisations that can provide names and contact numbers for skin camouflage experts around the country, such as the British Association of Skin Camouflage (BASC), the British Association of Beauty Therapy and Cosmetology (BABTAC) and the Cosmetic Camouflage Network (CCN). Contact details for these organisations are given at the end of this article.

Skin camouflage products can be used anywhere on the body but if they come into contact with clothing that rubs against the skin, the cream will come off on the clothing, causing embarrassment to the patient, unless a fixing spray is used instead of a finishing powder. However, this can give the skin a rather unnatural shine and such sprays are not prescribable on the NHS.

PANEL 1: HOW TO USE SKIN CAMOUFLAGE PRODUCTS

Application

- Before applying the cream, the skin should be cleansed
- If necessary, creams can be mixed to achieve the required colour
- The cream is dabbed on to the patch, usually using the fingertips
- Once applied, the colour is lightly blended into the natural skin
- The fixing powder is applied using a cotton pad and this is left for a few minutes
- A clean damp cotton wool pad or a clean damp cloth is used to remove the excess powder (the cream is not fixed until the powder has been "damped")

Removal

- The camouflage can be removed with normal cleansing cream. The skin should then be washed well with warm water

Helpful tip

- People often notice that even if their camouflage is perfect, patches still tend to show up in photographs and video recordings because of light reflecting properties of fixing powders. For special occasions, the person should use less powder and lightly spray the patch with water



Camouflage products can help people with vitiligo feel less self-conscious about their appearance

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In addition, although the creams are waterproof and will not come off when a patient is in the water, they will come off on the towel if the user rubs rather than pats the skin dry. For this reason, most vitiligo sufferers find that they cannot use the creams to disguise their patches when swimming or taking part in other sports that cause the skin to perspire, and they may require the help of the pharmacist to find an alternative solution, such as fake tan products.

“SELF-TANNING” AND SKIN STAINING PRODUCTS

No self-tanning product can be matched exactly to an individual's skin. Almost all self-tanning products achieve their results by the use of dihydroxyacetone, which combines with acids in the skin to result in a brown coloration and a different colour will be produced on different people. The only way to find out what will suit a person is by trial and error, but it is important to explain that full colour will not be attained for at least three, and possibly five, hours after application, and that manufacturers' instructions should be followed carefully.

A problem unique to people with vitiligo is that self-tanning products should only be applied to the white patches of skin. If, during application, the product touches the normally pigmented skin, the benefit will be lost because the normal skin will also darken to leave a contrast between the vitiligo and non vitiliginous skin just as stark as before the product was used. For this reason it is easier to use a product that contains a guide colour such as Auto-bronzant (St Tropez) or Go Bronze (Estée Lauder), and not a clear gel or a white cream that makes it difficult to see where the product has been applied.

The colour produced by self-tanning products will not rub off on clothing and will remain for three or four days until the top layer of skin is shed. However, application is a skill that often takes a long time to perfect. Layers can be applied to deepen the tan, but time (about five hours) must be allowed between applications to allow the colour to develop fully. Moreover, it needs to be stressed to patients that a fake tan gives no sun protection and they will need to use sunscreen in exactly the same way as they would if the patch remained white.

For those who cannot tolerate dihydroxyacetone, there is a skin stain product, made from walnuts, called Aquabruna. This is a brown watery substance that can be easily applied with cotton wool, especially to larger areas. It dries within 30 seconds and it is possible to build up colour by a series of applications. The effects last for about 12 hours. Aquabruna is produced in Italy and only available via the internet (www.vitiligo-products.it).

“Tanning accelerators” are products containing the amino acid tyrosine, the main substrate from which melanin is made. Such products are available formulated as topical lotions or as oral capsules. However, tanning accelerators are unlikely to be helpful in vitiligo because of the reduced population of functional epidermal melanocytes in vitiliginous patches.

DYEING HEAD AND FACIAL HAIR

Vitiligo can also affect head and facial hair. Patches of grey or white can develop in the same way that white patches develop on the skin. This can be difficult to deal with because the products produced for home dyeing are often not strong enough to work on vitiliginous hair.

As with the fake tans, it is best to apply the dye first to the vitiliginous hair and not the whole head and this poses many problems for anyone trying to do the job on their own. Best results are achieved in a hairdressing salon, but the hair needs frequent dyeing and this can be costly. Patients can be advised to contact their local education college which may run hair and beauty courses. People with vitiligo are often welcomed as models for students on these courses in which case their hair will be dyed for free or for a nominal fee.

Facial hair can be treated at home but, again, it is often easier to have it done at a salon. Men with vitiligo should not be sold the product “Just for Men”. This product carries a warning to the effect that it is not suitable for people with vitiligo because it can cause loss of skin pigment, possibly due to an allergic reaction. For facial hair, the product Dyelash has been used by camouflage experts. If dyeing

action : practice points

1. Order leaflets about vitiligo for your pharmacy from the Vitiligo Society. Posters and flyers are also available (www.vitiligosociety.org.uk).
2. Revise your knowledge of sun protection products. For example, visit www.bupa.com.hk/eng/tips/safe_sun.asp
3. Write a note in your diary to order the CPPE distance learning pack on dermatology at the end of the year.

evaluate

How could your learning have been more effective?
What will you do now and how will this be achieved?

beards, moustaches, eyebrows or eyelashes, dye should be applied with an upward and then a downward motion to achieve full coverage.

DEVELOPMENTS IN PROFESSIONAL ADVICE AND TRAINING

The “Action on dermatology” good practice guide published by the NHS Modernisation Agency in January acknowledges that pharmacists have a place in advising on skin diseases (chapter 3 “Meeting the challenge — service providers”).

A Department of Health funded open learning pharmacy training pack on dermatology is being prepared by the Centre for Pharmacy Post-Graduate Education and should be available towards the end of the year. Vitiligo will be included in this new package.

Another useful source of information due to come online in June, is the E-Atlas of Dermatology Training. This stand-alone website will be serviced by the British Association of Dermatologists and updated quarterly by a working party chaired by the Skin Care Campaign (SCC). It will include details of all known dermatology courses and study days for GPs, nurses and pharmacists.

USEFUL CONTACTS

- BABTAC www.babtac.com
- BASC www.skin-camouflage.net
- British Red Cross www.redcross.org.uk
(provides free leaflets)
- CCN cosmeticcamouflage@yahoo.co.uk
- SCC www.skincarecampaign.org/pages/home.htm
- Vitiligo Society www.vitiligosociety.org.uk
(provides free leaflets)

FURTHER READING

- Hann SK, James J, editors. Vitiligo: a monograph on the basic and clinical science. Nordlund: Blackwell Science Ltd; 2000.
- Papadopoulos L, Bor R. Psychological approaches to dermatology. Leicester: British Psychological Society Books; 1999.
- Lesage M. Vitiligo: understanding the loss of skin colour. London: Vitiligo Society; 2002.

Further information about new research and treatments will be given at a forthcoming symposium entitled “Vitiligo from gene to clinic: new insights in research and treatment” to be held at the Royal College of Physicians in London on 16–17 May. For full details of the event visit the Vitiligo Society website at www.vitiligosociety.org.uk